No. W 121820		Due no later than Feb 29, 2016		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAMONT RANCH L.L.C. DENICE LAMONT 1950 SUNFLOWER CIRCLE AMMON ID 83406			DENICE LAMONT 1950 SUNFLOWER CIRCLE AMMON ID 83406-6732 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	t least one Member or Manager					
Office Held	Name	ries and riddresses of a	Street or PO Address	(City	State	Country	Postal Code
MEMBER DENICE LAM		ONT	1950 SUNFLOWER CIR.	,	AMMON	ID		86406-6732
5. Organized Under the Laws of: ID W 121820		6. Annual Report must be signed.* Signature: D. Lamont Name (type or print): D. Lamont			Date: 01/14/2016 Title: manager			
Processed 01/14/2016		* Electronically provided signatures are accepted as original signatures.						